PTC/SB/22 (09-06)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 | | Docket Number (Optional) 1422-0480P | | |
|---|------------------|--|------------------|--|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/868,141-Conf. #6016 | | Filed J | une 15, 2001 | |
| Application (varioes 05/600, 74 (*Com. #0 | 11100 | | | |
| For PARTICLES FOR DETERGENT ADDITION | | | | |
| Art Unit 1751 | | Examiner | L. M. Douyon | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| [| Fee | Small Entity Fee | \$ | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | |
| X Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. | | | | |
| Lam the applicant/inventor | | | | |
| | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| x attorney or agent of record. Reg | istration Number | 32,881 | - | |
| attorney or agent under 37 CFR | 1.34. | | | |
| Registration number if acting under | | · | | |
| | | | November 2, 2006 | |
| Signature | | Date | | |
| John W. Bailey | | | (703) 205-8000 | |
| Typed or printed name Telephone Number | | | ne Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| Total of forms are submitted. | | | | |